

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-13-01
O.I.P.E. CLASSIFIER		49	8/18/01
FORMALITY REVIEW	715	829	09/12
RESPONSE F RMAITY REVIEW	HL	1019	12-17-01

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral)..... Canceled  
☐ ..... Restricted  
☐ ..... Non-elected  
☐ ..... Interference  
☐ ..... Appeal  
☐ ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
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37		87		137	
38		88		138	
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40		90		140	
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42		92		142	
43		93		143	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
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